

Amended Statement Cover

The Company has amended the 2003 annual statement for the comments from the Office of Financial and Insurance Services (OFIS), dated May 6, 2004. See attached response from the Company.

ANNUAL STATEMENT

For the Year Ending December 31, 2003

OF THE CONDITION AND AFFAIRS OF THE

Midwest Health Plan, Inc.

NAIC Group Code	0000	0000	NAIC Company Code	95814	Employer's ID Number	38-3123777
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Date Incorporated or Organized	01/01/1994		Date Commenced Business	01/01/1994		
Statutory Home Office	5050 Schaefer Road		Dearborn, MI 48126			
	(Street and Number)		(City, or Town, State and Zip Code)			
Main Administrative Office	5050 Schaefer Road					
	Dearborn, MI 48126		(313)581-3700			
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	5050 Schaefer Road		Dearborn, MI 48126			
	(Street and Number or P.O. Box)		(City, or Town, State and Zip Code)			
Primary Location of Books and Records	5050 Schaefer					
	Dearborn, MI 48126		(313)581-3700			
	(City, or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Internet Website Address	www.midwesthealthplan.com					
Statutory Statement Contact	Allen A. Kessler, CPA		(313)586-6064			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	akessler@midwesthealthplan.com		(313)581-8699			
	(E-Mail Address)		(Fax Number)			
Policyowner Relations Contact						
			(Street and Number)			
	(City, or Town, State and Zip Code)		(Area Code) (Telephone Number)(Extension)			

OFFICERS

President	Mark Saffer DPM
Secretary	Jack Shapiro MD
Treasurer	Robert Rubin DPM

VICE PRESIDENTS

Marshall G. Katz MD	Allen A. Kessler CPA
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DIRECTORS OR TRUSTEES

Mark Saffer DPM	Jack Shapiro MD
Rick Poston DO	Robert Rubin DPM
Demitra Morgan	Kathy Vass #

State of	Michigan
County of	Wayne ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
Mark Saffer	Jack Shapiro	Robert Rubin
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Treasurer

Subscribed and sworn to before me this _____ day of _____, 2004	a. Is this an original filing?	Yes[] No[X]
	b. If no,	1. State the amendment number
		2. Date filed
		3. Number of pages attached
		1
		05/20/2004
		31

(Notary Public Signature)

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Receivables not individually listed						
Frist Health Services Corporation - Pharmaceutical reimbursement	917,934					
0499999 Total - Receivables not individually listed						917,934
0599999 Health care receivables	917,934					917,934

EXHIBIT 5 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered
0399999 Aggregate Accounts Not Individually Listed - Covered
0499999 Subtotals
0599999 Unreported claims and other claim reserves						17,840,925
0699999 Total Amounts Withheld
0799999 Total Claims Unpaid						17,840,925
0899999 Accrued Medical Incentive Pool and Bonus Amounts						1,153,263

EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	14,112,205	19.831	48,729	100.000	2,405,488	11,706,717
2.	Intermediaries						
3.	All other providers						
4.	Total capitation payments	14,112,205	19.831	48,729	100.000	2,405,488	11,706,717
Other Payments:							
5.	Fee-for-service	9,446,150	13.274	X X X	X X X		9,446,150
6.	Contractual fee payments	45,910,049	64.516	X X X	X X X		45,910,049
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments	1,692,590	2.379	X X X	X X X	273,650	1,418,940
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	Total other payments	57,048,789	80.169	X X X	X X X	273,650	56,775,139
13.	Total (Line 4 plus Line 12)	71,160,994	100.000	X X X	X X X	2,679,138	68,481,856

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999			X X X	X X X	X X X

EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	256,731	41,649	169,756	11,838	29,356	99,267
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total	256,731	41,649	169,756	11,838	29,356	99,267



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95814

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	40,317								40,317				
2. First Quarter	42,079								42,079				
3. Second Quarter	45,800								45,800				
4. Third Quarter	48,236								48,236				
5. Current Year	48,729								48,729				
6. Current Year Member Months	540,063								540,063				
Total Member Ambulatory Encounters for Year:													
7. Physician	257,351								257,351				
8. Non-Physician	91,321								91,321				
9. Total	348,672								348,672				
10. Hospital Patient Days Incurred	17,460								17,460				
11. Number of Inpatient Admissions	3,835								3,835				
12. Health Premiums Collected	95,208,595								95,208,595				
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	93,088,986								93,088,986				
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	71,160,994								71,160,994				
18. Amount of Incurred for Provision of Health Care Services	74,397,752								74,397,752				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

35 Grand Total



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. DIVISION:
BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 95814

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
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SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	33,656,759		33,656,759
2. Accident and health premiums due and unpaid (Line 12)			
3. Amounts recoverable from reinsurers (Line 13.1)	29,334		29,334
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	1,772,913		1,772,913
6. Total assets (Line 26)	35,459,006		35,459,006
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	17,840,925		17,840,925
8. Accrued medical incentive pool and bonus payments (Line 2)	1,153,263		1,153,263
9. Premiums received in advance (Line 8)			
10. Reinsurance in unauthorized companies (Line 18)			
11. All other liabilities (Balance)	2,300,406		2,300,406
12. Total liabilities (Line 22)	21,294,594		21,294,594
13. Total capital and surplus (Line 30)	14,164,412	X X X	14,164,412
14. Total liabilities, capital and surplus (Line 31)	35,459,006		35,459,006
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses			
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables			
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance			